

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VA 22230

FELLOWSHIP STARTING CERTIFICATE

This form will serve as the authority to begin your stipend payments. Two copies should be returned to the National Science Foundation supporting program office immediately after you enter upon the tenure of your Award. It should not be dated before you actually begin your tenure.

Program Office _____ Room Number _____

Program Contact _____ Phone/E-Mail/Fax: _____

All payments are sent electronically to your bank. If you are located outside of the U.S., a foreign bank may be used. However, the bank must have a U.S. affiliate.

STATEMENT OF TENURE

Tenure Start Date _____ / Anticipated Tenure Duration _____
mm/dd/yy mm/dd/yy

INSTITUTION	DEPARTMENT
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INSTITUTIONAL ADDRESS OF FELLOW

E-MAIL ADDRESS/FAX NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER
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SIGNATURE OF FELLOW	DATE
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SCIENTIFIC ADVISOR'S NAME

STATEMENT OF VERIFICATION

The signature below verifies the information found in the Statement of Tenure Section and must be completed by the Scientific Advisor, the Department Head, or another appropriate official.

SIGNATURE	PRINTED NAME
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TITLE	DATE
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FOR NSF USE

GRANT NUMBER	CHANGE OF INSTITUTION 1 YES 1 NO
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TOTAL TENURE MONTHS	TENURE MONTHS AT THIS INSTITUTION	DEPENDENTS
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STIPEND \$	SPECIAL ALLOWANCE \$
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APPROVED	DATE	DATE FORWARDED TO FINANCE
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